

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number	Filing Date
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10593899

Applicant(s) Michael Hollins

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1			1						51		
2			1						52		
3			1						53		
4			1						54		
5				1					55		
6				1					56		
7					1				57		
8						1			58		
9							1		59		
10								1	60		
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44									94		
45									95		
46									96		
47									97		
48									98		
49									99		
50									100		
Total Indep	0			5			0				
Total Depend	0		←	22		←	0	←			
Total Claims	0	██████████		27	██████████		0	██████████			